

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



July 2, 1990

Letter No.: 90-64

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) LIST

Enclosed for your information is an updated list of ACWDLs released between February 1, 1990 and April 30, 1990.

Each quarter we will provide you with an updated listing with the next list scheduled for August 1990.

If after review of the listings you identify letters that you have not received, please contact Michael Guzman of my staff at (916) 322-2715, or send a message via EMC2 to HDMGUZM. When sending a request via EMC2, please include the ACWDL number and appropriate mailing address.

If you have any questions, please contact Michael.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Enclosure

1990 ACWD Letter List
2/1/90 - 4/30/90

<u>Letter Number</u>	<u>Issue Date</u>	<u>Subject</u>
90 - 19	2/07/90	MEDI-CAL SUPPORT/THIRD PARTY LIABILITY PROGRAM (TPL) GUIDELINES - (INCLUDES FORMS/STOCK DISCUSSION FOR <u>MEDI-CAL</u> <u>AND</u> <u>AFDC</u> <u>PROGRAMS</u>)
90 - 20	2/09/90	MEDI-CAL ELIGIBILITY OVERVIEW & CHECKLIST FOR PREGNANT WOMAN & THEIR CHILDREN
90 - 21	2/09/90	OTHER HEALTH COVERAGE
90 - 22	2/20/90	I. MEDICARE PART B PREMIUM AMOUNTS; II. COMPUTATIONS OF NEW TITLE II (RSDI) COLA/ BENEFIT AMOUNTS III. COMPUTATIONS OF PICKLE APPLICANT'S TITLE INCOME
90 - 23	2/20/90	HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM
90 - 24	2/21/90	QUALIFIED MEDICARE BENEFICIARY CONDITIONALS (QMB)

90 - 25	2/21/90	IMPLEMENTATION OF ALL COUNTY WELFARE DIRECTORS LETTER 90-01 CONTAINING PROVISIONS OF THE MEDICARE CATASTROPHIC COVERAGE ACT OF 1988 (MCCA)
90 - 26	3/02/90	ACWD LETTER 89-108 PROBLEM REPORTS
90 - 27	3/13/90	EXPANSION OF PRIMARY LANGUAGE AND ETHNIC CODES ON MEDI-CAL ELIGIBILITY DATA SYSTEMS (MEDS) NETWORK
90 - 28	3/19/90	HEALTH INSURANCE QUESTIONNAIRE SPANISH VERSION
90 - 29	3/23/90	THE QUALIFIED MEDICARE BENEFICIARY INCOME FORMS AND INSTRUCTIONS
90 - 30	3/26/90	ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) LIST
90 - 31	3/26/90	SB 175, MINOR CONSENT AND TOTAL PARENTERAL NUTRITION SERVICES
90 - 32	3/30/90	IMPLEMENTATION OF TRANSITIONAL MEDI-CAL (TMC)
90 - 33	4/05/90	EXTENSION OF THE FOUR MONTH CONTINUING MEDI-CAL PROGRAM UNDER AID CODE 54

90 - 34	4/10/90	IMPLEMENTATION OF THE 133 PERCENT PROGRAM FOR CHILDREN UNDER AGE SIX
90 - 35	4/06/90	OTHER HEALTH COVERAGE
90 - 36	4/09/90	OTHER HEALTH COVERAGE AND REPORTING FORM
90 - 37	4/18/90	IMPLEMENTATION OF TRANSITIONAL MEDI-CAL
90 - 38	4/23/90	STATE BUY-IN PROBLEM REPORTS DHS 6166 (4/90)
90 - 39	4/23/90	MEDI-CAL CARD ISSUANCE SSI/SSP RECIPIENTS
90 - 40	4/24/90	DISCONTINUANCE OF THE QUALIFIED MEDICARE BENEFICIARY PROGRAM TOLL FREE LINE
90 - 41	4/26/90	AFDC RECIPIENTS TERMINATED DUE TO FAILING TO PARTICIPATE IN GAIN
90 - 42	4/30/90	NEW POVERTY LEVEL CHART EFFECTIVE 4/1/90
90 - 43	4/30/90	QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM